# SCANNED APR 1 5 70%

· 990

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

20 11

2011

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements January 1 December 31 For the 2011 calendar year, or tax year beginning 2011, and ending C Name of organization Alpha Masonic Lodge #729 D Employer identification number Check if applicable Address change Doing Business As Room/suite

3100667274 E Telephone number Number and street (or P O, box if mail is not delivered to street address) Name change 937-293-1404 PO Box 20191 Initial return City or town, state or country, and ZIP + 4  $\Box$ Terminated Kettering, Ohio 45420-20191 G Gross receipts \$ 87,226 Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes Vo No Application pending Russell M. Oliver 1460 Raymont Dr Kettering, Ohio 45429 H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions) 501(c) ( 10 ) ◀ (insert no ) ☐ 4947(a)(1) or 501(c)(3) Tax-exempt status alpha729.com Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust ☐ Association ☐ Other ► L Year of formation 1950 M State of legal domicile OH Summary Briefly describe the organization's mission or most significant activities: A Masonic Fraternal Organization. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 0 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 6 15 0 7a Net unrelated business taxable income from Form 990-T, line 0 7b MAR 1 2 Prior Year **Current Year** Contributions and grants (Part VIII) ine 1h). 8 0 27760 Program service revenue (Part VIII, line 2g) 0 g 0 Investment income (Part VIII, column(A), line 10 2073 3187 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 27342 11 30249 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 32322 58289 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 O 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 1810 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2954 3925 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ ¥\*\*\*\* b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 31332 56748 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 36096 60673 3774 19 Revenue less expenses. Subtract line 18 from line 12 (2384)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 180905 711307 21 Total liabilities (Part X, line 26) . 0 22 180905 Net assets or fund balances. Subtract line 21 from line 20 711307 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is is based on all information of which preparer has any knowledge true, correct, and comple Declaration of preparer (other than of Sign 8-2012 Here Type or print name and title Date Print/Type preparer's name Preparer's signature **Paid** Check I If self-employed Preparer

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

Firm's address ▶

**Use Only** 

Cat No 11282Y

Firm's EIN ▶

Phone no

Yes 🗌 No Form **990** (2011)

Form 99	90 (2011)			Page 2
Part		Accomplishments esponse to any question in this Par		🗹
1	Briefly describe the organization's missic We are a Masonic Lodge who own our own	on: n building and rent the facilities to an E	astern Star Association as well. They	
	women's organization of the Masonic Lod			
2	Did the organization undertake any signi prior Form 990 or 990-EZ?			Yes ☑ No
3	If "Yes," describe these new services on Did the organization cease conducting services?	, or make significant changes in t		Yes □ No
4	If "Yes," describe these changes on Schubescribe the organization's program ser expenses. Section 501(c)(3) and 501(c)(3) grants and allocations to others, the total	vice accomplishments for each of its 4) organizations and section 4947(a	(1) trusts are required to report t	s measured by the amount of
4a	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe in Sche			
4e	(Expenses \$ including gr  Total program service expenses ▶	ants of \$ ) (Revenue	\$ )	<del></del> _

Form 9	90 (2011)			Page <b>3</b>
Part	IV Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	}	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	├	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			₩
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9		<b>/</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		· 🌦 ,	*£
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			_
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	14b		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		/
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<b>√</b> _
20 a	If "Yes," complete Schedule G, Part III	19 20a		<u>/</u>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u>*</u>
			990	(2011)

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32	-	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			-
	Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		✓
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Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		l	.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			الـــِــا
	reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b>✓</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		1
_	account)?	48		<u> </u>
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 1	1	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>-</b>
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>-</del>
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
oa	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u> ]
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		<del>  •                                     </del>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<b>—</b>		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<b>7</b>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<del></del>	1
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>√</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	4		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year   12b   N/A	12a	_	<u> </u>
_b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>'</del>
а	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			!
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Forr	n 990	(2011)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See in:	struct	tions.
Secti	ion A. Governing Body and Management	<u>-</u>	<u> </u>	<u>.                                    </u>
<del>5551</del>			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	) <sup>3</sup> ,		
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	<del>  •</del>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1	
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<b>✓</b>	<del>  ,-</del>
ь	Each committee with authority to act on behalf of the governing body?	8b	<del></del>	<b>/</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>/</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	7
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b		<b>✓</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	 		
	with a taxable entity during the year?	16a		1
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		ļ
Secti	on C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Russell M. Oliver 1460 Raymont Drive Kettering, Ohio 45429-5030 937-293-1404	of the	t	

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Form	ggn	(2011)

Part VII	Compensation of	f Officers,	Directors,	Trustees,	Key Employees	, Highest	Compensated	Employees,	and
	Independent Con	ntractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Matthew K. Rentz Worshipful Master	3_			✓				0	0	o
(2) Daniel S. Sullivan Senior Warden	2			1				0	0	C
(3) James S. Blum Junior Warden	2			1				0	0	0
(4) Howard Bailey Trustee	1		1					0	0	0
(5) James Sharpe Trustee	1		1					0	0	0
(6) Dwayne Jones Treustee	1		1					0	0	0
(7) Alfred Butler Treasurer	3			1				0	0	0
(8) Russell M. Oliver Secretary	5			1				0	0	0
(9) Gene Skinner Building Manager	3				1			0	0	0
(10)								_		
(11)										
(12)										
(13)										
(14)										

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/00			lighe	st C	ompensated E	mployees	(contin	ued)	
	(A) Name and title	(do not che		Pos neck ss pe	rson	s than is both or/trus	n an tee)	(D)  Reportable compensation from	(E) Reportation compensation related	n from	(F Estim amou oth	ated int of	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	compen from organ: and re organiz	nsation i the zation elated
(15)													
(16)													
(17)													
(18)					_								
(19)													
(20)							-						
(21)												·	
(22)						_		-				···	
(23)	·							-					
(24)							_						-
(25)													
1b c d	Sub-total	•		1 · ·		 	•	<b>&gt; &gt; &gt;</b>	0 0		0		0
2	Total number of individuals (including but reportable compensation from the organic	not limited	to th					e) w	ho received mo	ore than \$1	00,000	O of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							emp	loyee, or high	est compe	nsated		res No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividua 	il 5	7
Section	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Rep year.												ı's tax
	(A) Name and business addi	ress							(B) Description of se	ervices		(C) Compensat	ion
N/A													
						-							
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	iżi		

Part	VIII	Statement of Reve	enue										
	·····	** , <	,		· .	Tota	(A) al rever	nue	е	(B) lated or xempt	b	(C) nrelated usiness	(D) Revenue excluded from tax
			*	*	W	_				inction evenue	re	evenue	under sections 512, 513, or 514
nts Its	1a	Federated campaigns	·	1a				*44		<u>}</u> ,	45,		İ
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	24964				A-14	*	45		
s, G	С	Fundraising events .		1c	1575			12/04	*>	,	\$-		
Gift lar	d	Related organizations		1d				>		1			
ıs, ( ini	е	Government grants (con		1e		٠	»· ¿		473	٠,			
tior er S	f	All other contributions, gi					`						
를 돌		and similar amounts not inc			1221	ł	*West						
ont nd (	9	Noncash contributions include				ļ_ <del></del>		27760				<u>,                                     </u>	
<u><u>a</u> <u>C</u></u>	h	Total. Add lines 1a-1	<u> </u>	· ·	Business Code	├		27760		j.			
Program Service Revenue	20												
eve	2a b												
8	C							_					
ezi	ď				<u></u>							· · · · · · · · · · · · · · · · · · ·	
Š	e												
g	f	All other program ser	vice reven	ue .									
S.	g	Total. Add lines 2a-2			▶			0					
	3	Investment income	(including	divid	ends, interest,						_		
	•	and other similar amo	ounts) .		▶			3187		3187		3187	3187
	4	Income from investment	t of tax-exe	mpt b	ond proceeds 🕨		_						
	5	Royalties	<u> </u>		<u> ▶</u>								
			(ı) Rea	d	(II) Personal		2864		t	*			
	6a	Gross rents			25782	_	-914-						
	b	Less: rental expenses					*						
	C	Rental income or (loss)				<u> </u>		25782		25782			25782
	d	Net rental income or ( Gross amount from sales of	(IOSS) .	ties		***							23702
	7a	assets other than inventory	(i) Securi		(ii) Guioi			*		A			
	b	Less: cost or other basis and sales expenses .						*		<b>*</b>	*≱		!
	c	Gain or (loss)				1	**	*	<b>∳</b> (·				
	d				▶			0					
							¥			*		***	
venue	8a	Gross income from fu	undraising				150			×		~y	
Š		events (not including \$											
æ		of contributions reporte				**	~			«	*	*	
Other R		See Part IV, line 18 .			· · · · · · · · · · · · · · · · · · ·	-							
ŏ	b	Less: direct expenses				<u> </u>		0		*			
	C	Net income or (loss) f Gross income from ga			events .	<u> </u>		<del></del>		<b>*</b>	87		
	Ja	See Part IV, line 19 .						-		•			
	ь	Less: direct expenses		-		184		*					
	1	Net income or (loss) f						0					
	_	Gross sales of in	-	-				, /	· ·	*			
		returns and allowance	es	· a			žillu.					***	
	b	Less: cost of goods s				]							
	С	Net income or (loss) f		of inv				0					
		Miscellaneous F	Revenue		Business Code	ļ							
	11a	Iniation Fees				<u> </u>		1560		1560			1560
	b				<del></del>	<del> </del>							
	C	All other revenue				<del> </del>			<del>                                     </del>				-
	d e	All other revenue .  Total. Add lines 11a-				<del>                                     </del>		1560		707	<b>₹</b> ≱		
	12	Total revenue. See in						58289		27342		3187	27342
						1.							Form <b>990</b> (2011)

Part IX	Statement	of	Func	tion	al	Expenses
1 61 6 1 7	Otatement	•	. uiiv		aı	LADUIGUG

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A	4) but are not
required to complete columns (B), (C), and (D).		

Check if Schedule O contains a response to any question in this Part IX					
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			*	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3925	3925	3925	_
9	Other employee benefits			_	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	746	746	748	
C	Accounting	2800	2800	2800	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		***		
f	Investment management fees				
g	Other				
12	Advertising and promotion	1876	1876	1876	
13	Office expenses	3587	3587	3587	
14	Information technology				
15	Royalties				
16	Occupancy	19921	19921	19921	
17	Travel	301	301	301	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	293	293	293	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				·
23	Insurance	2877	2877	2877	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	ž,	*	,	
а	Grand Lodge Dues	6177	6177	6177	
b	Donations	2320	2320	2320	
C	Property Tax	15850	15850	15850	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	60673	60673	60673	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Par		Balance Sheet	<del> </del>	-	Page II
L GI	ιλ	Dalatice Street	(A)	1	(B)
			Beginning of year		End of year
$\neg \neg$	1 (	Cash-non-interest-bearing	12666	1	17703
ı		Savings and temporary cash investments	139580		82355
- 1		Pledges and grants receivable, net	0	3	
1		Accounts receivable, net	0	4	
		Receivables from current and former officers, directors, trustees, key			
-		employees, and highest compensated employees. Complete Part II of			
	5	Schedule L	0	5	
	6 F	Receivables from other disqualified persons (as defined under section			
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			,
<u>s</u>	e	employees' beneficiary organizations (see instructions)	0	6	
Assets	7 1	Notes and loans receivable, net	0	7	
&   &	8 1	Inventories for sale or use	0	8	(
!	9 F	Prepaid expenses and deferred charges	0	9	(
10		Land, buildings, and equipment: cost or			_
	C	other basis. Complete Part VI of Schedule D 10a 46706	0		
1	b L	Less: accumulated depreciation 10b N/	Α 0	10c	467060
11	1	nvestments—publicly traded securities	0	11	60603
1:	2	Investments—other securities. See Part IV, line 11	0	12	0
1:	3 1	Investments-program-related. See Part IV, line 11	0	13	C
14	4 I	ntangible assets	0	14	O
19		Other assets. See Part IV, line 11	28659	15	83586
10		Total assets. Add lines 1 through 15 (must equal line 34)	180905		711307
13		Accounts payable and accrued expenses	0	17	C
18		Grants payable	0	18	
19		Deferred revenue	0	19	
20		Tax-exempt bond liabilities	0		
2		Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
<u>s</u> 2		Payables to current and former officers, directors, trustees, key			
≝		employees, highest compensated employees, and disqualified persons.	*****		
Liabilities		Complete Part II of Schedule L	0	22	0
_   `		Secured mortgages and notes payable to unrelated third parties	0	23 24	
24		Unsecured notes and loans payable to unrelated third parties	0	24	
2		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			ď
	-	of Schedule D		25	•
20	6 1	Fotal liabilities. Add lines 17 through 25	0	26	0
<del>-   - '</del>	<del>ٽ .</del>	Organizations that follow SFAS 117, check here ► ✓ and complete			<u> </u>
es		ines 27 through 29, and lines 33 and 34.		,	
를 2	<b>7</b> (	Unrestricted net assets	146128	27	210035
를 20		remporarily restricted net assets	13608	28	13043
필   29		Permanently restricted net assets	21169	29	21169
.들ㅣ		Organizations that do not follow SFAS 117, check here ▶ ☐ and			
5	C	complete lines 30 through 34.			<b>h</b>
Net Assets or Fund Balances	0 (	Capital stock or trust principal, or current funds	0	30	0
8 3	1 F	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
₹   32		Retained earnings, endowment, accumulated income, or other funds .	0	32	0
<del>-</del> 1	з т	Total net assets or fund balances	180905	33	711307
9 33 34		Total liabilities and net assets/fund balances		34	711307

Form 9	90 (2011)			Pa	ige <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	• • •	<u>· · ·</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		!	58289
2	Total expenses (must equal Part IX, column (A), line 25)	2		(	60673
3	Revenue less expenses. Subtract line 2 from line 1	3		(	2384)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18	30905
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5:	32786
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		7	11307
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990:   ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
					1
За	Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		i	
Ja	the Single Audit Act and OMB Circular A-133?	iorur iri	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	Sa		
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
				n <b>990</b>	(2011)

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

► Attach to Form 990. ► See separate instructions.

| Employer identification number | Employer identification number |

31-0667274 Alpha Masonic Lodge 729 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Daga	2
rade	~

Par	III Organizations Maintaining	Collections of	Art, His	torical	reasures	, or O	ther Similar	Ass	ets (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	ords, chec	k any of the	ne follo	wing that are	a sig	nificant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams			
b	☐ Scholarly research		е	☐ Othe	r					
c	☐ Preservation for future generations									
4	Provide a description of the organiza	tion's collections	and expl	ain how t	hey further	the or	ganization's e	xemp	t purpose	in Part
	XIV.									
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical t	reasure	s, or other si	milar		
	assets to be sold to raise funds rather									
Par	IV Escrow and Custodial Arra				anization	answe	red "Yes" to	For	n 990, Pa	art IV,
	line 9, or reported an amour	nt on Form 990,	Part X, I	ine 21.						
1a	Is the organization an agent, trustee	, custodian or otl	ner interr	nediary fo	or contribu	tions of	r other assets	not		
	included on Form 990, Part X?					• •		•	☐ Yes	∐ No
b	If "Yes," explain the arrangement in P	art XIV and comp	lete the f	ollowing t	able:	Γ		A m	ount	
	5					-	<del></del>	AIII		
C	Beginning balance					10				
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11			☐ Yes	- No
2a	If "Yes," explain the arrangement in P		art A, III I	321r .				•	∐ Tes i	
	Endowment Funds. Complete		zation a	newered	"Ves" to I	Form 9	90 Part IV	ina 1	0	
	Endownient Funds. Compi	(a) Current year		or year			(d) Three years		(e) Four yea	rs back
1a	Beginning of year balance		\ \ '.'					-		1
b	Contributions							一十	<del></del>	
c	Net investment earnings, gains, and			<del></del>						
	losses		ļ							1
d	Grants or scholarships									
e	Other expenditures for facilities and							一		
	programs	:	ľ	ļ				ĺ		1
f	Administrative expenses							$\neg \neg$		i
g	End of year balance									
2	Provide the estimated percentage of t	he current year er	nd baland	e (line 1g	, column (a	a)) held	as:			
а	Board designated or quasi-endowment	nt ►	%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2	c should equal 10?								
3a	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held	and ad	ministered for	the		<del></del> -
	organization by:								Ye	s No
	(i) unrelated organizations								3a(i)	<del></del>
	``							•	3a(ii)	<del>                                     </del>
b	If "Yes" to 3a(ii), are the related organi								3b	<u> </u>
4	Describe in Part XIV the intended uses						<del></del> -			
Par						4-3		<del>,                                    </del>	40.00	<del></del>
	Description of property	(a) Cost or o			r other basis ther)		Accumulated epreciation		(d) Book val	
1a	Land						*			
b	Buildings			ļ <u>.</u>	467,000			<u> </u>	4	67,000
С	Leasehold improvements			ļ <u> </u>				<u> </u>		
d	Equipment	·						<u> </u>	<del></del>	
е	Other	·		<u> </u>				<u> </u>		
Total.	Add lines 1a through 1e. (Column (d) n	านst equal Form 9	90, Part 2	K, column	( <i>B</i> ) <u>, line</u> 10	)(c).)	<u> ▶</u>		4	67,000

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(8	Description of security or category (including name of security)	(b) Book value	(c) Method of ve Cost or end-of-year	
(1) Financia	derivatives			
	neld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments-Program Related	J. See Form 990, Part X,	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			·	
_(7)				
(9)				
(10)	1) - 1 - 15 - 000 D - 1 / - 1 / D) 1 - 10 \ D			
	b) must equal Form 990, Part X, col. (B) line 13.)	-4 V - C 4 F	<u> </u>	<u></u>
Part IX	Other Assets. See Form 990, Pa	IT X, IIII 15.  i) Description		(b) Book value
(4) Francisco	<del></del>	<del>`</del>		
	e,appliances in kitchen, and office equip	ment		66,314
	and costumes need to confer the ritaul	<u></u>	<del></del>	17,272
(3)	<del></del>		<del></del>	
(4)		<del></del>		
(5)				
(6)	<del></del>			<u> </u>
(7)	<del></del>			
(8)				
<u>(9)</u>			<del></del>	
(10) Total (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		83,586
Part X	Other Liabilities. See Form 990,		<del></del>	03,000
1.	(a) Description of liability	(b) Book value		
	income taxes		•	
(2)			<i>*</i>	
(3)	···············			
(4)				
(5)			*	
(6)		<del></del>	1	
(7)			ş ×	
(8)		· · · · · · · · · · · · · · · · · · ·	1	
(9)	· · · · · · · · · · · · · · · · · · ·	<del></del>		
(10)			*	*
(11)			1	
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	*	
	<del></del>			

ale D (Form 990) 2011		Page <b>4</b>
Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nents	
	1	58,289
Total expenses (Form 990, Part IX, column (A), line 25)	2	60,673
Excess or (deficit) for the year. Subtract line 2 from line 1	3	(2,384)
Net unrealized gains (losses) on investments	4	
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
Other (Describe in Part XIV.)	8	
		(2,384)
	1	58,289
1 1		
9	-  `	
	-	
The state of the s	-	
	20	0
•	<del></del>	58,289
	-	30,203
	1 1	
· · · · · · · · · · · · · · · · · · ·	-	
	4c	0
		58,289
		·— <u> </u>
<del></del>		60,673
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities		
Prior year adjustments		
Other losses	]	
Other (Describe in Part XIV.)		
Add lines 2a through 2d	2e	0
	3	60,673
	_	
		_
	<del></del>	0
	5	60,673
elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor		
	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  IXII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XIII Reconciliation of Expenses per Audited Financial Statements With Expenses in Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Total expenses and losses per audited Financial Statements Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Total expenses and losses per audited Financial statements Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Total expenses and losses per audited Financial statements Amounts included on Form 990, Part IX, line 25: Donated services and	Total revenue (Form 990, Part VIII, column (A), line 12)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury

Alpha Masonic Lodge 729

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

Employer identification number 3100667274

Part III Line 3 At the end of the calendar year 2010 the Kettering Masonic Center EIN 31-0669944 a 501(c) 2 holding Incorporation for Alpha
Lodge was dissolved with the Secretary of State in Ohio with all assets being transferred into Alpha Lodge.
Part VI Line 4 The Lodge's By-Laws were changed to permit the operation of the building we occupy which had been operated by the
Kettering Masonic Center.
Part VI Line 5 The Kettering Masonic center's assets were transferred to Alpha Lodge.
Part VI Line 7b The changes to the By-laws was voted on by the membership.
Part VI Line 8a Minutes are taken at all meeting and are open to the entire membership.
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